

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/586828** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	10					
5	10					
6	10					
7	1					
8	1					
9						
10	1					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	1					
18	1					
19	1					
20						
21						
22	8					
23						
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50						
TOTAL IND.			3			
TOTAL DEP.			22			
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						